

Catastrophic Illness Donation Form

To be eligible to donate vacation leave or accumulated compensatory time:

1. Only eight hour increments may be donated.
2. An employee has not solicited nor accepted anything of value in exchange for the donation.

Number of vacation hours I am donating: _____

Number of accumulated compensatory hours I am donating: _____

I understand my vacation leave balance and/or my accumulated compensatory time will be decreased by the hours I am donating and that this time shall be irrevocably credited to the recipient's sick leave account.

Signature: _____

Printed Name: _____

Witness Signature: _____

Date: _____